## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:	Case No. 18 B 03912
James A Peterson	
Debtor(s)	

## CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/13/2018.
- 2) The plan was confirmed on 07/26/2018.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C.  $\S$  1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 01/23/2019.
  - 5) The case was Converted on 03/05/2019.
  - 6) Number of months from filing to last payment: 12.
  - 7) Number of months case was pending: <u>13</u>.
  - 8) Total value of assets abandoned by court order: <u>NA</u>.
  - 9) Total value of assets exempted: NA.
  - 10) Amount of unsecured claims discharged without payment: \$0.00.
  - 11) All checks distributed by the trustee relating to this case have not cleared the bank.

## Receipts:

Total paid by or on behalf of the debtor \$949.00 Less amount refunded to debtor \$200.00

NET RECEIPTS: \$749.00

## **Expenses of Administration:**

Attorney's Fees Paid Through the Plan \$713.95
Court Costs \$0.00
Trustee Expenses & Compensation \$35.05
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$749.00

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
City of Chicago Department of Revenue	Unsecured	10,000.00	7,295.00	7,295.00	0.00	0.00
City of Chicago EMS	Unsecured	1,002.00	NA	NA	0.00	0.00
ComEd	Unsecured	249.00	NA	NA	0.00	0.00
Holy Cross Hospital	Unsecured	500.00	NA	NA	0.00	0.00
Midland Funding LLC	Unsecured	0.00	331.57	331.57	0.00	0.00
Midwest Anesthesia & Pain Spec	Unsecured	550.00	NA	NA	0.00	0.00
Paul Lechner	Unsecured	2,352.00	NA	NA	0.00	0.00
Peoples Energy	Unsecured	500.00	NA	NA	0.00	0.00
Sinai Health System	Unsecured	0.00	NA	NA	0.00	0.00
Tiffany Chapman	Unsecured	0.00	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$7,626.57	\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed       Paid         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00         \$0.00       \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$749.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$749.00</u>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 03/25/2019 By: /s/ Marilyn O. Marshall Trustee

**STATEMENT**: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.